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04-07-1999 90022 020 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749583

1. Corporation Name

OCEAN WINDS, INC.

Principal Place of Business

OCEAN WINDS CONDO
2101 N. ATLANTIC AVE
DAYTONA BEACH FL 32118
US

Mailing Address

ATLANTIC COMM ASSOC MGMT & ACC. INC.
507 HERBERT ST., STE. C
PORT ORANGE FL 32119
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/30/1979

4. FEI Number

59-2026375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

REIMER, R L
507 HERBERT ST, SUITE D
SUITE C
PORT ORANGE FL 32119

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME STD
STREET ADDRESS MANDELL, LOIS
CITY-ST-ZIP 2101 N ATLANTIC AVE, #10
DAYTONA BEACH FL

TITLE ☒ DELETE

NAME PD
STREET ADDRESS GIAMBONA, FRANK
CITY-ST-ZIP 2101 N ATLANTIC AVENUE, #4
DAYTONA BEACH FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS GILL, VIRGINIA
CITY-ST-ZIP 2101 N ATLANTIC AVE
DAYTONA BEACH FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS GIAMBONA, LORETTA
CITY-ST-ZIP 2101 N ATLANTIC AVE
DAYTONA BEACH FL

TITLE ☐ DELETE

NAME VPD
STREET ADDRESS MILLER, GERRY GARRY
CITY-ST-ZIP 2101 N ATLANTIC AVENUE, #1
DAYTONA BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME V/D
2.3 STREET ADDRESS FREDERICK WILES
2.4 CITY-ST-ZIP 2101 N. ATLANTIC AVE. #9
DAYTONA BEACH, FL 32118

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME P/D
5.3 STREET ADDRESS GARRY T.J. MILLER
5.4 CITY-ST-ZIP 2101 N. ATLANTIC AVE. #1
DAYTONA BEACH, FL 32118

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-23-99

904-760-7365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)